

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 3			
1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N66001-17-D-0114			2. DELIVERY ORDER/ CALL NO. 9999		3. DATE OF ORDER/CALL (YYYYMMDD) 2017 Mar 08		4. REQ./ PURCH. REQUEST NO. 1300626870			5. PRIORITY			
6. ISSUED BY SPAWAR SYSTEMS CENTER PACIFIC TIFFANY C. BOATWRIGHT, CODE 22560 TIFFANY.C.BEATWRIGHT@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5001			CODE N66001		7. ADMINISTERED BY (if other than 6) DCMA MANASSAS 14501 GEORGE CARTER WAY, 2ND FLOOR CHANTILLY VA 20151			CODE S2404A					
9. CONTRACTOR NAME AMY HOFFMAN AND 3711 SPICEWOOD DR ADDRESS ANNANDALE VA 22003-2250			CODE 4J9T7		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
							12. DISCOUNT TERMS Net 30 Days						
14. SHIP TO SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATIONS P.O. BOX 182264 COLUMBUS OH 43218-2264			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See basic contract Section G			MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.		
													CODE HQ0338
16. TYPE OF ORDER		DELIVERY/ CALL		<input checked="" type="checkbox"/>		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
		PURCHASE		<input type="checkbox"/>		Reference your quote dated Furnish the following on terms specified herein. REF:							
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR				SIGNATURE				TYPED NAME AND TITLE				DATE SIGNED (YYYYMMDD)	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		SEE SCHEDULE				(b)(6)		5. TOTAL		6. DIFFERENCES		\$25,000.00	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED													
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS			
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I certify this account is correct and proper for payment.						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.			

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001		1	Lot		\$25,000.00
	Obligation of Minimum Guarantee CPFF				
	No tasking is associated with this order. The sole purpose of this order is to obligate the minimum guarantee under the basic contract. The contractor is not authorized to perform the work, nor submit invoices against the order. The obligated amount of this task order will be deobligated once the minimum guarantee is met by issuance of task order(s) with task effort equal to or greater than the minimum guarantee stated herein.				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: 1300626870				
				ESTIMATED COST	\$25,000.00
				FIXED FEE	\$0.00
					<hr/>
				TOTAL EST COST + FEE	\$25,000.00
	ACRN AA				\$25,000.00
	CIN: 130062687000001				

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 97X4930 NH3P 251 77777 0 050120 2F 000000

COST CODE: A00003864331

AMOUNT: \$25,000.00

CIN 130062687000001: \$25,000.00